# CM-2012/2013 Contract Information

This information is required in order to prepare your 2012/2013 contract/amendment. If a question does not apply to you please type 'N/A' in the comment box. Complete the survey no later than Friday, June 29. Thank you.

# 1. County Name 2. Your Name

## 3. Contractual/Fiscal Agent:

**Legal Name** 

Mailing Address
Physical Address
Location

### 4. Contractor Representative:

Name Title Phone Fax E-Mail



5. CM Policy Board Name AND a list of the names of individuals currently filling the required CM Policy Board positions: Education **Law Enforcement Treatment** Prevention **Local Government Parents** 4 6. Tax ID Number: 7. UBI Number: 8. DUNS Number: 9. SWV (Statewide Vendor Number):



0. County Population (Approximate). For consortia list each county eparately:	
<b>↑</b>	
1. Legislative District (i.e. 40, 42, separate by commas, as redistricte	d):
2. Congressional District (i.e. 2, separate by commas, as redistricted	):
3. Contractor Type:	
Contractor Type: 501(c)(3)	
Local Government Unit	
Other (describe below)	
4. Director:	
lame Title/Position Phone E-Mail	
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<b>↓</b>	

## 15. CM Coordinator:

Name

Title/Position

Phone

E-Mail



# 16. CM Policy Board Chair:

Name

**Title/Position** 

Phone

E-Mail



# 17. CM Policy Board Co-Chair:

Name

**Title/Position** 

**Phone** 

E-Mail



## 18. Fiscal Contact:

Name Title/Position Phone



### 19. Electronic Contact Information:

Website Facebook Other?



IF YOU WANT A COPY OF THIS SURVEY FOR YOUR FILES, PRINT OR COPY AND PASTE INTO A WORD DOCUMENT BEFORE CLOSING.

Don't forget to click "DONE."